

09 712600

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION		10905	2/14/01
O.I.P.E. CLASSIFIER		10905	2/14/01
FORMALITY REVIEW		10905	2/14/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) .. Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-11-01
2	✓	✓	7-11-01
3	✓	✓	7-11-01
4	✓	✓	7-11-01
5	✓	✓	7-11-01
6	✓	✓	7-11-01
7	✓	✓	7-11-01
8	✓	✓	7-11-01
9	✓	✓	7-11-01
10	✓	✓	7-11-01
11	✓	✓	7-11-01
12	✓	✓	7-11-01
13	✓	✓	7-11-01
14	✓	✓	7-11-01
15	✓	✓	7-11-01
16	✓	✓	7-11-01
17	✓	✓	7-11-01
18	✓	✓	7-11-01
19	✓	✓	7-11-01
20	✓	✓	7-11-01
21	✓	✓	7-11-01
22	✓	✓	7-11-01
23	✓	✓	7-11-01
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25	✓	✓	7-11-01
26	✓	✓	7-11-01
27	✓	✓	7-11-01
28	✓	✓	7-11-01
29	✓	✓	7-11-01
30	✓	✓	7-11-01
31	✓	✓	7-11-01
32	✓	✓	7-11-01
33	✓	✓	7-11-01
34	✓	✓	7-11-01
35	✓	✓	7-11-01
36	✓	✓	7-11-01
37	✓	✓	7-11-01
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41	✓	✓	7-11-01
42	✓	✓	7-11-01
43	✓	✓	7-11-01
44	✓	✓	7-11-01
45	✓	✓	7-11-01
46	✓	✓	7-11-01
47	✓	✓	7-11-01
48	✓	✓	7-11-01
49	✓	✓	7-11-01
50	✓	✓	7-11-01

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

Claim	Final	Original	Date
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103			
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